

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

TO: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-0011

2. STATE:

Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1915(g)(1) of the Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attch 3/1-A Supp 1 Pages 15-19
Attch 3/1-B Supp 1 Pages 15-19
Attch 4/16-A Supp 1 Page 18.3
Attch 4.19-B Page 21

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 2,935,000
b. FFY 2002 \$ 5,527,0009. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4/16-A Page 18.3

10. SUBJECT OF AMENDMENT:

Provision of Services under Health Access Nurturing Development
Services (HANDS) and reimbursement methodology

GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:Review Delegated to Commissioner
Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Dennis Boyd

14. TITLE:

Commissioner Dept for Medicaid Services

15. DATE SUBMITTED:

12/7/00

16. RETURN TO:

Sharon A. Rodriguez, Manager
Policy Coordination Branch
Department for Medicaid Services
275 East Main Street 6EA
Frankfort KY 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 29, 2000

18. DATE APPROVED:

December 18, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

21. TYPED NAME:

Eugene A. Grasser

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

Associate Regional Administrator
Division of Medicaid and State Operations

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES

- A. Target Group: By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Pregnant women who have not reached their twentieth birthday and will be first time teen parents;
 2. Pregnant women who are twenty years of age or older, will be first time parents, and screen positive for the home visitation program which shall be called Health Access Nurturing Development Services (HANDS). High risk screening factors include: first time mothers who are single, separated or divorced; those who had late, sporadic or no prenatal care; those who sought or attempted an unsuccessful abortion; partner unemployed; inadequate income or no source of income; unstable housing; no phone; education less than 12 years; inadequate emergency contacts; treatment of or current substance abuse; treatment of abortion; treatment of psychiatric care; relinquishment for adoption, sought or attempted; marital or family problems; treatment of or current depression;
 3. Infants and toddlers up to their third birthday who are children in families described in A.1 and A.2 of this subsection;
 4. First born infants up to twelve (12) weeks of age whose families were not identified prenatally and who assess into the program.
- B. Areas of State in which services will be provided:
- ☒ Entire State
- ☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than state wide:
- C. Comparability of Services:
- ☐ Services are provided in accordance with 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of 1902(a)(10)(B).
- D. Definition of Services

Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the requirement of Section 1902(a)(23) of the Act, the providers will monitor client treatment to

TN No. 00-11

Supersedes

TN No. NoneApproval Date DEC 18 2000Effective Date 7-01-00

assure that clients receive services to which they are referred.

Case management is an active, ongoing process that involves activities carried out by case managers to assess and enable first time mothers and infants/toddlers who are eligible for services under the Kentucky HANDS (Health Access Nurturing Development Services) Program. There are two phases to case management - assessment and home visitation. Both phases include assisting the infant/toddler, mother, or family in accessing needed services, developing a treatment plan, coordinating needed services, monitoring progress, preparing and maintaining case records, providing case consultation as specified by the plan, and providing follow-up and evaluation.

The service activities include:

1. Assessment

- a) Provided by a Registered Nurse, Social Worker or Early Childhood Development Specialist;
- b) Conducts a face-to-face needs assessment with the child, mother and family. The assessment shall include:
 - 1) parent's childhood experience;
 - 2) lifestyle behaviors and mental health status;
 - 3) parenting experience;
 - 4) stressors, coping skills and support system for the new family;
 - 5) anger management skills;
 - 6) expectations of infant's developmental milestones and behaviors;
 - 7) perception of new infant, and bonding and attachment issues;
 - 8) plans for discipline; and
 - 9) family environment and support system.
- c) Develops a written report of the findings and a service plan for the family.
- d) Assigns home visitor and arranges for the delivery of the needed services by other Medicaid and community providers as identified in the treatment plan.

2. Home Visitation

- a) A public health nurse, social worker, or family support worker who is supervised by a public health nurse, social worker or early childhood development specialist may perform a home visit;
- b) Assist the child and family, as it relates to the treatment plan, in accessing needed services and coordinating services with other programs;
- b) Monitor progress by making referrals, tracking the appointments, performing follow-up services, and performing periodic evaluation of the changing needs;
- c) Perform activities to enable the child and family to gain access to needed services;
- d) Prepare and maintain case records documenting contacts, services needed, reports, progress;
- e) Provide case consultation (i.e., with the service providers/collaterals in determining child's status and progress); and
- f) Perform crisis assistance (i.e., intervention on behalf of the child, making arrangement for emergency referrals, and coordinating other needed emergency service).

E. Qualifications of Providers:

- 1. Providers must be certified as a Medicaid provider meeting the following criteria:
 - a) Demonstrated capacity to contract statewide for the case management services for the targeted population;
 - b) Demonstrated capacity to ensure all components of case management including;
 - 1) screening,
 - 2) assessment,
 - 3) treatment plan development,
 - 4) home visiting,
 - 5) linking/coordination of services, and
 - 6) follow-up and evaluation;
 - c) Demonstrated experience in coordinating and linking such community resources as required by the target population;
 - d) Demonstrated experience with the target population;

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- e) Administrative capacity to insure quality of services in accordance with state and federal requirements;
 - f) Demonstrated capacity to provide certified training and technical assistance to case managers;
 - g) Financial management system that provides documentation of services and costs;
 - h) Capacity to document and maintain individual case records in accordance with state and federal requirements;
 - i) Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider; and
 - j) Demonstrated capacity to meet the case management service needs of the target population.

2. Qualifications of Case Manager

The case manager shall meet one of the following professional criteria:

- a) Registered Nurse – Must have a valid Kentucky Board of Nursing license as a registered nurse or advanced registered nurse practitioner.
- b) Social Worker – Meet the requirement of KRS Chapter 335 for licensure by the State Board of Examiners of Social Work, have a masters degree in social work, or have a bachelors degree in social work from an accredited institution.
- c) Early Childhood Development Specialist – have a bachelors degree in Family Studies, Early Childhood Education, Early Childhood Special Education, or a related Early Childhood Development Curriculum.
- d) Family Support Worker (FSW) – Have a high school diploma or GED, be 18 years of age or older, and have received core training prior to having family contact on assessment of family strengths and needs, service plan development, home visitor process, home visitor role, supporting growth in families, observing parent-child interactions, knowing indicators of parent-infant attachment, keeping home visit records, conducting service coordination and reassessment. In addition to the core training the family support worker receives continuing training on selected topics including confidentiality, community resources, developmental milestones, family violence, substance abuse, ethical issues, communication skills, HIV/AIDS training, and interviewing techniques. The FSW must be supervised by a registered nurse or social worker.

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- F. The state assures that the provision of case management services will not unlawfully restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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 2. Pregnant women who are twenty years of age or older, will be first time parents, and screen positive for the home visitation program, Health Access Nurturing Development Services (HANDS). High risk screening factors include: first time mothers who are single, separated or divorced; those who had late, sporadic or no prenatal care; those who sought or attempted an unsuccessful abortion; partner unemployed; inadequate income or no source of income; unstable housing; no phone; education less than 12 years; inadequate emergency contacts; treatment of or current substance abuse; treatment of abortion; treatment of psychiatric care; relinquishment for adoption, sought or attempted; marital or family problems; treatment of or current depression;
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 - f) Demonstrated capacity to provide certified training and technical assistance to case manager;
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 2. Eligible recipients will have free choice of the available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

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9. The interagency agreement with the Department for Public Health and the Department for Mental Health and Mental Retardation Services provides for targeted case management, and diagnostic, preventive, and rehabilitative early intervention services for Medicaid eligible recipients participating in the Kentucky Early Intervention Program for infants and toddlers, and fulfills the requirements of 42 CFR 431.615.
 10. **The Title V interagency agreement with the Department for Public Health provides for targeted case management to first time parenting pregnant women and their infants and toddlers up to three (3) years of age. Eligible recipients are those women and their infants that screen positive on the screening tool adopted for use in the Health Access Nurturing Development Services (HANDS) program.**

Targeted case management services for at risk parents during the prenatal period and until the child's third birthday

This payment system is for all providers, including those providing services under the Title V agreement described in Attachment 4.16-A, Item #10.

Payments shall be based on cost. Interim rates based on projected cost shall be used with a settlement to cost at the end of the state fiscal year. Case management providers who are public state agencies shall have on file an approved cost allocation plan.

Interim rates shall be established in the following manner:

- 1) The rate for the assessment shall be based on the projected cost of providing the service consistent with methodology in OMB Circular A-87. This will include a cost based on the average amount of time required to provide the service, and all related costs of providing the service, including collateral contacts, telephone contacts, travel and indirect (overhead) costs.
- 2) The rate for the professional home visit shall be based on the projected cost of providing the service. This will include a cost based on the average amount of time required to provide the service, and all related costs of providing the service, including collateral contacts, telephone contacts, travel and indirect (overhead) costs.
- 3) The rate for the family service worker/paraprofessional home visit shall be based on the projected cost of providing the service. This will include a cost based on the average amount of time required to provide the service, and all related costs of providing the service, including collateral contacts, telephone contacts, travel and indirect (overhead) costs.

Cost will be accounted for as follows:

- 1) Case management staff directly related to the targeted case management program will code all direct time using categories designated for case management functions in 15 minute increments.
- 2) Any contract costs (i.e., for contracted services) will be based on the actual cost of acquisition of the service.
- 3) Any indirect costs of any public state agency will be determined using the appropriate cost allocation plan.

Providers will submit cost reports no later than 180 days after the end of the state fiscal year. Interim payments will be adjusted to actual cost based upon review and acceptance of these cost reports in accordance with usual agency procedures.